

Application for Zoning Permit

North Lewisburg, Ohio

Application # _____

The undersigned applies for a zoning permit for the following use, said permit to be issued on the basis of the information contained within this application. The applicant hereby certifies that all information and attachments to this application are true and correct. The applicant is required, in addition to the information requested on this form to submit plans, in triplicate and drawn to scale, showing the actual dimensions and shape of the lot, exact sizes and locations of existing buildings on the lot, and the location and dimensions of the proposed buildings or alterations.

1. Locational Description: Subdivision Name _____
Section _____ Township _____ Range _____ VMS _____

Designation _____ Block _____ Lot # _____
(If not located in platted subdivision, attach a legal description)

2. Name of Owner _____

Mailing Address _____

Phone Number : Home _____ Business _____

3. Existing Use _____

4. Property presently zoned as _____

5. Proposed use:

New Construction _____ Business _____ Remodeling _____ Industry _____

Accessory Building _____ Sign _____ Size _____

Residence _____ No. of Units _____ Other (explain) _____

If the proposed use is business or industry, enclose a detailed description of the nature of the business or industry.)

6. Type of Sewage Disposal _____

7. Percentage of lot to be occupied _____ %

8. Lot Width _____ Lot Depth _____ Lot Area _____

9. Square Feet of Living Area (Residences) _____ Square Feet

10. Square Feet in Garage _____ Basement _____ Accessory Bldg. _____

11. Square Feet of Commercial _____ Industrial _____ Office _____

12. Building Heights: _____ Feet _____

13. Yard Dimensions: Front _____ Rear _____ One Side _____
Sum of Side Yards _____

14. Accessory Building Dimensions:
Height _____ Feet _____ Side _____
Yard Setback _____ Rear Yard Setback _____

15. Number of Off-Street Parking Spaces to be provided _____

16. Number of Off-Street Loading Berths to be provided _____

17. On a separate sheet, attach a list of other supplemental requirements or conditions that will be met, or explain any points you feel need clarification.

NOTE: This permit shall be void if work is not started within 180 days or completed within 2 1/2 years.

Signature _____ Date _____

--For Official Use Only

Date Received _____ Fee Paid _____

Date of Action on Application _____ Approved _____ Denied _____

If application denied, reason for denial
